

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY

Plaintiff(s),

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

vs

Defendant(s),

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

SMALL CLAIMS DIVISION

NOTICE OF APPEAL

Small Claim No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

TO THE CLERK OF THE ABOVE COURT:

I, \_\_\_\_\_, appeal to the district court from the judgment entered on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I am appealing this decision because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature:

[Name] /s/ \_\_\_\_\_

[Law firm] \_\_\_\_\_

[Mailing Address] \_\_\_\_\_

[Telephone Number] \_\_\_\_\_

[E-mail Address] \_\_\_\_\_

[Additional E-mail Address] \_\_\_\_\_

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at [www.iowacourts.gov/Representing\\_Yourself/ADAAccess](http://www.iowacourts.gov/Representing_Yourself/ADAAccess)). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.